

The bed bath according to the undergraduate nursing students' perspective

Dias, Joana Angélica Andrade; Souza, Deusélia Moreira de; Azevedo, Bruno Del Sarto; Andrade, Isis Souza; Nery, Pablo Yan Gonçalves

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Dias, J. A. A., Souza, D. M. d., Azevedo, B. D. S., Andrade, I. S., & Nery, P. Y. G. (2016). The bed bath according to the undergraduate nursing students' perspective. *Revista de Pesquisa: Cuidado é Fundamental Online*, 8(4), 5087-5094. <https://doi.org/10.9789/2175-5361.2016.v8i4.5087-5094>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see:
<https://creativecommons.org/licenses/by-nc/4.0>

O banho no leito na óptica de estudantes de graduação em enfermagem

The bed bath according to the undergraduate nursing students' perspective

El baño en la cama desde la perspectiva de los estudiantes de graduación en enfermería

Joana Angélica Andrade Dias¹; Deusélia Moreira de Souza²; Bruno Del Sarto Azevedo³; Isis Souza Andrade⁴; Pablo Yan Gonçalves Nery⁵

How to quote this article:

Dias JAA; Souza DM; Azevedo BDS; et al. The bed bath according to the undergraduate nursing students' perspective. Rev Fund Care Online. 2016 jul/set; 8(4):5087-5094. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i4.5087-5094>

ABSTRACT

Objective: The aim was to identify the meaning of bed bath for the undergraduate nursing students as well as their feelings when performing it. **Method:** This is a descriptive study, with qualitative approach. The scenarios were a public hospital and a state university. The participants were 14 nursing students. Data was collected through a questionnaire and treated according to the Thematic Content Analysis. **Results:** Several meanings of the bed bath for the participants were identified, such as “care”, “interpersonal relationship”, “assessment of the general state”, “privacy invasion” and “identification/fulfillment of human basic needs”, provoking both positive and negative feelings/sensations. **Conclusion:** Bed bath needs to be done by trained personnel with a therapeutic approach through the use of sensitivity, avoiding a mechanistic practice and aiming wellness and faster recovery of the patient.

Descriptors: Baths, Hygiene, Students, nursing, Nursing care.

¹ Nurse; MSc; Assistant Professor at the Health Department II; Bahia Southeast State University; 26, Vavá Lomanto Avenue; Jequiezinho, Jequié (BA). Brazil. Zip-Code: 45206-510. Tel: (73)3525-4998/8812-4903. joanauesb@gmail.com

² Nurse; MSc; Assistant Professor at the Health Department II; Bahia Southeast State University; Jequié (BA); Brazil; deusams@gmail.com

³ Nurse; MSc; Graduation Program in Nursing and Health; Bahia Southeast State University; Jequié (BA); Brazil; E-mail: brunodelsarto@outlook.com

⁴ Nurse; Bahia Southeast State University; Jequié (BA); E-mail: isis_andrade_@hotmail.com

⁵ Nurse; Public Health Specialist; Luis Eduardo Magalhães Basic Hospital; Jequié (BA); Brazil; pabloian@bol.com.br

RESUMO

Objetivo: Identificar os significados do banho no leito para estudantes de enfermagem, assim como seus sentimentos ao realizá-lo. **Método:** Estudo descritivo, de abordagem qualitativa, que teve como cenários um hospital público e uma universidade estadual e como informantes 14 discentes. As informações foram coletadas por meio de um questionário e tratadas conforme a Técnica de Análise de Conteúdo, modalidade Temática. **Resultados:** Diversos foram os significados do banho no leito para os informantes, tais como: “cuidado”, “relacionamento interpessoal”, “avaliação do estado geral”, “invasão de privacidade” e “identificação/atendimento das necessidades humanas básicas”, causando sentimentos/sensações tanto positivos, quanto negativos. **Conclusão:** O banho no leito necessita ser realizado por pessoas capacitadas e dotadas de sensibilidade, não se caracterizando em uma prática mecanicista, mas em uma ação terapêutica que promove bem estar e uma mais rápida recuperação do paciente.

Descritores: Banhos, Higiene, Estudantes de enfermagem, Cuidados de enfermagem.

RESUMEN

Objetivo: Identificar el significado de baño en la cama para los estudiantes de enfermería, así como sus sentimientos para lograrlo. **Método:** Estudio descriptivo, cualitativo. El escenario era un hospital público y una universidad estatal. Los participantes fueron 14 estudiantes. La información se recogió mediante un cuestionario y fue tratada de acuerdo con el Análisis de Contenido Temático. **Resultados:** Muchos eran los significados de baño en la cama para los informantes, tales como “cuidado”, “relaciones interpersonales”, “evaluación de la condición general”, “invasión de privacidad” y “la identificación/satisfacción las necesidades humanas básicas”, causando sentimientos/sensaciones tanto positivos cuánto negativos. **Conclusión:** El baño en la cama tiene que ser hecho por personas capacitadas y con sensibilidad, no se representa en una práctica mecanicista, pero en una acción terapéutica que promueve bienestar y la recuperación más rápido del paciente.

Descritores: Baños, Higiene, Estudiantes de Enfermería, Atención de Enfermería.

INTRODUCTION

In each stage of the life we have hygienic necessities that come from specific factors, being that the bath is constituted in one of the main way to attend those hygienic necessities. When in the hospital, it can be spray or bed, depending on the patient's physical condition and his/her ability to do it.

The bed bath is a hygienic care recommended for patients who are at absolute rest, with mobility and/or locomotion restrictions and in partial or total dependence, which will characterize whether this will be total or partial. It is noteworthy that the total bed bath is the one held in totally dependent patients who require full hygienic care and partial bath bed is the one performed in patients who are partially dependent and able to reach certain body parts.¹

Among the various purposes of a bed bath are the promotion of hygiene and comfort to those patients unable to perform self-care, the stimulation of circulation, the promotion of muscle relaxation, the improvement of self-image, and so on. It constitutes a therapeutic action that,

in addition to providing the body hygiene, is an ideal time for physical examination, made possible by observation and touch. Besides, it provides an opportunity to carry out health education activities.

From this perspective, the bed bath is understood as an essentially important action for the patient's recovery, which refers to the reflection that it should be done preferably by nurses or under their supervision, once it corresponds to a method with purpose and predetermined steps according to an objective intentionality, requiring preparation of scientific, technological and environmental base⁴.

It is noteworthy that the students grasp the theoretical and practical knowledge about the hygienic care in a subject of Nursing Fundamentals area and it is in this discipline that they perform the first bed bath, acquiring more or less skill and dexterity depending on the amount of times performing the bath. It is observed empirically that most of them do not value this care, possibly because the great spent of time and energy. Some even say, in more advanced stages of graduation, that “bed bath is a thing of a Nursing Fundamentals' student”. On this issue, in a study which also addressed this topic was emphasized that the nursing academic experiences the bed bath as a curricular requirement, seeing it as an activity exclusive for the nursing technician, not providing this care, which denotes the existence of potential barriers related to it⁵.

It is also observed that, during the course, the students move away more, and more, from this care, as the following subjects, especially those hospital-related, being more concerned with their own contents, end up relegating the bed bath, therefore, after becoming professionals, they are faced with the reality of a labor market that also collaborates to keep them far away from this care, that actually happens to be performed primarily by nursing technicians/assistants, scientifically less prepared workers.

Some studies were found about the signification and experience of the bed bath to the nursing team or the individual who is bathed, even though the literature is still scarce regarding the nursing undergraduate students' vision about this care. Hence the interest on the elaboration of this research which has as objective to identify the meaning of the bed bath to the nursing undergraduate students, as well the feelings experienced by them when performing this care.

METHOD

It is a descriptive study with qualitative approach, by enable an approaching with the reality socially experienced by nursing students of the Southeast Bahia State University when performing the bed bath on hospitalized patients.

It took place at a general hospital and a state university, both located in a city in the state of Bahia. Fourteen students participated in the survey. At the time of data collection, they were enrolled with the subjects of Supervised Internship I and

Supervised Internship II of the University Undergraduate Nursing Course. The definition of the number of participants considered the occurrence of saturation of information collected.

A questionnaire containing two open questions was used as data collection instrument, which provided an opportunity to the participants freely express their thoughts, ideas, values, beliefs, opinions and attitudes about the object of study.

Striving for the fulfillment of the provisions of the National Health Council Resolution 196/1996, this research was previously submitted to the Ethics Committee of the Southeast Bahia State University and was approved under the protocol number 139/2010. The data collecting was only initiated after the participants signed the Informed Consent Form after guidance about the research objectives, anonymity security and confidentiality of information provided, this being assured when the units of analysis presented in the results appear followed by the codes Q1, Q2, Q3 and so on, and this number obeyed questionnaires return order for each informant.

For the analysis and processing of information collected was used the Content Analysis Technique⁶, in the thematic analysis mode. Therefore, with the answered questionnaires, there was initially a superficial reading by all the material to form the *corpus* of the study. Then, a deeper reading was conducted to establish the analysis objectives and then, the texts generated from the answers given by the participants were grouped according to their semantic similarities, creating the study categories.

RESULTS AND DISCUSSION

As results, six categories were found, highlighting that the first five show the meaning of the bed bath to nursing students, while the sixth shows the feeling experienced by them when conducting this care, which can be observed below:

Category no. 1 – Care

This category was originated from the following units of analysis:

It is a way of caring (Q2).../... Promote comprehensive care (Q3).../... Caring for someone who is unable (Q4).../... Preventive care (Q5).../... It allows the nursing professional exercise of "care" (Q6).../... A professional care (Q7).../... Care for those in need (Q8).../... It is part of integral and humanized care to the human being (Q9).../... A nursing care (Q10).../... Care of great complexity (Q11).../... Draw a care plan (Q12).../... A human attitude (Q14)

As noted, for the informants in this study the bed bath means a way of caring for people who, for some

current clinical condition, can't achieve by themselves the maintenance of their body hygiene. It is seen by them as a procedure that allows nurses to perform professional care and that, besides being complex, has to be performed in a comprehensive, humanized and planned way. Therefore, the students recognize the bed bath as a form of professional experience in the fields of prevention and promotion of health of the individual, and as a way to provide care to someone who is unable to care for themselves.

In its broadest sense, care also represents a way of being, to express, to relate, either with himself, with the other being and/or the world.⁷ So while bathing in the bed appears to be a simple way to take care of, it is in a care very complex, because it requires know-how, that is, know and experience, since the well know "comes from that experienced... proved... smelled."^{8:129}

In the speech of some students the bed bath means provide comprehensive care. The full form of care allows to recognize the person as a whole, "as historical, social and political individual, linked to his family context, the environment and society in which he operates,"^{9:336} as well as assist him in all his basic needs, considering all the biological, psychosocial and spiritual aspects of the individual. That is why it is necessary that the professional has expanded his vision for the entirety and seek to understand the reality of the other, out of their own frame of reference and entering the being that is under his care.¹⁰

During the patient care, this requires comprehensive care actions, such as the bed bath, that is, actions that allows the nursing professional exercise "care" in a complete manner, respecting the uniqueness of their health-disease process. Therefore, realize the patient in the full optical enables care actions dispensed achieve efficiency and effectiveness during assistance¹¹, which will only occur if developed as a human attitude, as designed by students.

Thinking a humanized care means reflect on a form of assistance that enhances the quality of care from the technical point of view, associated with the recognition of the human rights (democratization of relations involving health assistance), of their subjectivity and cultural references. It also implies the appreciation of the professional and intra dialogue, representing improving communication between health professional and patient, beyond recognition of his/her expectations, as subjects of the therapeutic process.¹²

Thus, for humanized care of the patient, the nurse must perform, in their daily practice, the ability to develop interpersonal relationships, which is inherent in nursing,¹³ hence why the bed bath also has this meaning to the informants in this study, as shown below category.

Category no. 2 – Interpersonal Relationship

The nurse-patient interaction process is characterized by acceptance and empathy, not just by a power relationship

in which the patient is subjected to nursing care,¹⁴ being “care” here understood as a way to bond, since that time, people - whether they are caregivers or who are cared for - feel strengthened, empowered and motivated to disclose their experiences.¹⁵

In this perspective, the informants in this study recognize the bed bath as a care action that enables greater interaction between the nurse and the patient, to be a good time to establish an effective communication to the formation of bonds, to provide attention and care and to provide relaxation, as can be seen in the units of analysis presented below:

Attention, affection and relaxation (Q1).../... Time direct relationship between the professional and patient (Q2).../... Allows a closer relationship with the patient (Q4).../... Establish communication with the patient (Q5).../... Moment which is possible to talk with the patient and companion (Q6).../... Moment of interaction between patient-nurse (Q7).../... bond formation (Q9).../... Interpersonal relationship (Q10).../... Add the nurse-patient ties (Q12).../... Help other (Q14).

Thus, it is observed that the thought of the informants do not differ from the ideas expressed by authors who claim that when the patient takes a bath can simultaneously occur conversation and interaction between him and the nurse, “facilitating a satisfactory relationship of trust.”^{16,694}

It is known that interpersonal relationships are influenced by many variables, such as place, circumstances, interests, social, cultural, spiritual and economic aspects, among others. Thus, in the care relationship that is established at the bed bath, both the patient and the professional who performs it bring their experiences, expectations, knowledge, values and beliefs that will influence the development or not of a good interpersonal relationship and it is also at this point that both parties should facilitate the establishment of attitudes of mutual respect, empathy, attention and trust, so that this care occurs in an effective and enjoyable way.

Thus, it is clear that the informants are right when they say that the bed bath means interpersonal relationship, because during its realization, the nurse, by entering the personal space of the patient, needs to positively interact with him/her for the moment to be more relaxing, since the patient is weak and powerless in the face of restriction of movement and self-care that he/she experiences.

Therefore, this category goes to show that as a daily practice of care, nursing workers needs to develop targeted skills for interpersonal relationship from the appropriate use of communication, turning the bed bath in a time when the patient, by feeling sheltered, relaxed and confident, can express his/her emotions and feelings, facing the hospitalization process and illness.

Category no. 3 – Assessment of the General State

The subjects of this study see the bed bath as a moment which is possible to perform physical examination on the patient and, therefore, the assessment of their general condition, which is why this category was so named. Here are the units of analysis that originated it.

It allow the professional an overall assessment of this patient (Q1).../... Moment in which you can have a detailed view of the current state of the patient (Q2).../... It allows a better nursing evaluation (Q5).../... At the time of the bath we can evaluate the skin, presence of bruises, ulcerations, rashes (Q6) ... / ... To perform inspection (Q8) ... / ... observe more closely the patient and his reactions (Q9) ... / ... You can see the patient as a whole (Q10) ... / ... To identify problems and needs of patients (Q12) ... / ... To make a more detailed physical examination and evaluation (Q14).

Process that enables the collection of objective and subjective data on the patient, which subsidize the assistance to be provided by a doctor, nurse or other health care professional. The procedures that constitute its implementation are: the interview technique or anamnesis and the appropriate use of diagnostic methods of clinical evaluation (inspection, palpation, percussion and auscultation). Therefore, it is also needed to make use of some simple instruments and devices such as sphygmomanometer, stethoscope, flashlight, among others, as well as the organs of sense, especially touch, sight, hearing and smell¹⁷.

It is noteworthy that in the physical examination, applying the interview technique or anamnesis raises patient's objectives data are collected through the assessment of the systems and the subjective data, mostly. It is important that the professional uses simple and clear language, in order to allow patient's free expression¹⁸, while the time of the bath may turn itself in a good opportunity to observe and evaluate his/her physical and psychological conditions.¹⁹

Unlike physical examination by the doctor, who aims at the identification of pathological conditions and their causes, the physical examination performed by the nurse focuses on the patient's functional capabilities³. Thus, it is extremely important that nurses, considering that through it is possible to comprehensively assess the patient and not just his/her physical condition and/or limitations, thus allowing the development of nursing diagnoses, and, from them, an appropriate intervention, routinely perform the bed bath.

The bed bath is, therefore, a procedure that actually favors the simultaneous physical examination, since the patient is naked, allowing the practitioner to detect more easily physical changes by using the inspection and palpation, as

well as the sensitive listening, as through the patient dialogue can externalize physical, mental, emotional and even spiritual problems or needs, which will allow nursing care to be planned and fully implemented.

Category no. 4 – Privacy Invasion

It is known that the body's exposure is inevitable at the bed bath, and because nursing is the primary responsible for carrying out this procedure, it is up to the nursing workers to protect the body under his/her care, avoiding as much as possible the exposure.

Therefore, this category goes to show that nursing students feel like invading patient's privacy while doing the bed bath, which is the reason why they worry to make this procedure less embarrassing for the person who receives it, and respect their social and cultural values, as can be seen in the units of analysis presented below:

Invading the privacy of other (Q4) ... / ... personal procedure, which causes a bit of embarrassment (Q7) ... / ... To respect the most of the cultural habits and taboos that the person has (Q9) ... / ... Take away their privacy (Q13).

The condition of hospitalization often gives the patient the feeling of loss of independence and autonomy. Due to the emotional and physical exposure to which is subject, it becomes difficult for the patient to preserve their intimacy and privacy, especially in situations where the handling of his body by a health care professional is needed, as the bed bath performed by nurses.²⁰

Inevitably, during the bed bath occurs the exposure of the body's patient, this being done by a professional of both genders,²¹ which can cause discomfort and embarrassment both for the patient as for the nursing worker who is performing the procedure; thus, the bed bath involves difficulties both for those who give the bath, as to who is bathed.⁴ We culturally learned that in the family environment it is not suitable to expose the body, usually associating nudity with sexuality,²⁰ reason why the values, beliefs, taboos, feelings and patient's life stories should be respected and valued.

It is emphasized in Article 19 of the Nursing Code of Ethics, which advocates, among the professional responsibilities and duties, "to respect shame, privacy and intimacy of human beings throughout their life cycle, including in situations of death and postmortem"^{22:13} and, in the case of bed bath, this only becomes possible by using the correct technique, i.e. not fully discovering the patient's body during the bath, wear it with appropriate clothing, and surround the bed with folding screens.

Category no. 5 – Identification/Assistance of Basic Human Needs

The informants of this study believe that the bed bath is a propitious time for fulfilling some of the patient's basic human needs (BHN) identified by professionals who perform this care, which can be seen through units of analysis mentioned below.

Meeting the basic needs of the patient (Q1) ... / ... care of both their physical and psychological needs (Q2) ... / ... Time to meet the hygienic needs of the patient (Q3) ... / ... reaches fulfillment of other needs (Q4) ... / ... To identify problems and needs of patients (Q5) ... / ... transcends the aspect of hygiene (Q6) ... / ... Procedure able to give comfort to the patient (Q7) ... / ... Relaxation (Q8) ... / ... contributing to the patient's welfare (Q9) ... / ... Brightening your anxieties (Q10) ... / ... aims to keep the patient warmed and protected (Q12) ... / ... Clarifying their questions (Q14).

In accordance with the Theory of Basic Human Needs, written by the nurse Wanda de Aguiar Horta, nursing is defined as "the science and art of assist the human being in meeting their basic needs", to make him/her independent of assistance when possible, by teaching self-care.^{23:30-31}

According to Horta, the BHN "are states of tension, conscious or unconscious, resulting from homodynamic imbalances of the vital phenomena,"^{23:3} manifested by signs and symptoms. She chooses to use the name adopted by João Mohana, as classify it in psychobiological, psychosocial and psycho-spiritual needs, although understands that they are closely interrelated because they are part of an indivisible whole that is the human being.²³

According to this theory, when the human being does not meet these needs (individual, family or community), this will eventually develop problems that require nursing intervention.²³ In this perspective, not answering a BHN will manifest as a problem, which in turn will lead to the individual's health precariousness if there is no nursing practice, such as cares like bed bath.

Thus, it is clear that the bed bath is characterized as a care provided in order to meet an important BHN, which is hygiene, especially when one thinks that people who undergo this treatment are precisely those who need bed rest or who have deficits in the ability of mobility and movement and therefore can't do it alone, needing nursing assistance to accomplish it satisfactorily and respectfully.

In line with what the informants think, it is also clear that the moment of bed bath is characterized as an opportunity for other needs can be identified by the nursing professional, like the comfort/physical and mental welfare, safety/security, warming/thermoregulation, answering questions/learning/communication, among others, which brings us to the reflection that the nurse would be the

professional who would be more prepared to identify and then diagnose and plan a assistance that would meet the actual patient's needs.

Thus, by the findings that led to this category, it appears that the bed bath extrapolates the field of identification of physiological needs such as hygiene, comfort and welfare, by bringing out also the possibility of identification psychosocial needs, such as communication, safety and learning, which does not invalidate the possibility that, in this moment, a patient may externalize problems related to psycho-spiritual needs.

Category no. 6 - Feelings Externalized during Bed Bath

Feelings and sensations manifest as emotional state, attitudes, thoughts and actions different in each person and that arise in various situations they experienced lifelong. Here, the feelings/sensations externalized by students while performing the bed bath are revealed.

The units of analysis derived from the speech of students demonstrated mixed feelings, positive and negative, which showed as mental and bodily reactions. Such reactions, as individual states, are felt and perceived in different ways by them at the time of the bed bath, as seen below.

Feeling of helping others and accomplishment (Q1) ... / ... I am contributing to patient care (Q2) ... / ... I feel calm while doing it (Q3) ... / ... I feel truly useful (Q4) ... / ... I feel like a professional, satisfied with the provision of this care (Q5) ... / ... nice experience for both the professional and the patient (Q6) ... / ... I am honored to help the sick (Q7).../... I feel happy for being able to taking care of the person (Q8) ... / ... requires a certain energy expenditure capable of leave us tired (Q9) ... / ... At the end I feel tired due to the physical effort required (Q10) ... / ... I do not like to perform it (Q11) ... / ... I feel terrible. (Q13) ... / ... Apprehensive (Q14).

It is noticed, through these units of analysis, that the students, while performing bed bath, showed quite significantly positive feelings/sensations. In the hospital context, it is always expected that the students under professor's supervision are sensitive to situations experienced by the person chosen to take care, that is, to demonstrate positive feelings, such as attention, patience, respect, affection and zeal, both in performing more specialized procedures, as in basic procedures, such as the bed bath.

There were also negative feelings/sensations when these units of analysis showed dissatisfaction of some students, expressing displeasure and even resistance in performing this care. Because of this, the professor responsible for nursing education should seek to understand what might be influencing these attitudes and manifestations. Therefore, they should be take heed to how the teaching-learning

process has been developed, especially regarding the bed bath. In this context, knowing the reasons that contribute to the undergraduate nursing students to show resistance to the bed bath will allow professors to develop a new look at this care, through reflections in view of the creation of new teaching and learning strategies¹¹.

To be or not to be sensitive before the changes in health conditions experienced by dependent patients of nursing staff care or students in practical activities is something very special, manifested in different ways, as shown by some of the units of analysis that gave rise to this category, so this behavior is beyond the control and guidance of the professor for it is an individual form of expression of the student.

Thereby, considering that the bed bath is a therapeutic care, it is understood that this shall be provided by people who have the sensibility and who care about the welfare and satisfaction of the patient's BHN, intending that this moment turns into a nice experience to all the people involved, contributing to the integral care achievement.

CONCLUSION

Considering the results found through this study, it is noteworthy that, in general, the participants show that they absorbed during the graduation the importance of the bed bath, as the pointed meanings and feelings regarding this care, in its majority, were quite positive.

However, some of the units of analysis from the speeches of the participants, especially those related to the feelings evidenced by them while doing the bed bath, pointed out very emphatically some negative feelings/sensations, such as disgust, malaise, seizure, wear and physical fatigue, which seems to strengthen the empirical observation that this care is not something valued in practice by most undergraduate nursing students. These feelings certainly contribute to the possibility of the distancing desire from the realization of this care.

Thus, it appears that the bed bath needs to be done by people trained and provided with sensitivity to realize that is not a mere mechanical practice, but a therapeutic action capable of contribute to the patient's recovery of health and promote welfare, so extrapolating the limit of a single nursing technique. It is, at this point, that the professional has in hand a good opportunity to get to know the patient, establishing with him/her an empathic relationship, identify the affected BHN and collect information, the first step of the Systematization of Nursing Care, to be able to plan a more qualified assistance for him.

Thereby, it is expected that the findings contribute to the importance of this care, to sensitize the professors, students and nurses in front of a situation that requires the conduction of the bed bath, taking them to recognize that in some situations, this care need to be elaborated by them and not delegated to other members of the nursing team.

REFERENCES

1. Dias Júnior NJL, Dias GAR, Maciel JP, Santos MS, Coutinho APBB. Relatos de experiências vivenciados durante o banho no leito em um hospital metropolitano de Belém, PA. EFDeportes.com, Revista Digital [periódico na Internet]. 2011 abr [acesso em 2014 Mar 8];16(155):[aproximadamente 1 p.]. Disponível em: <http://www.efdeportes.com/efd155/relatos-de-experiencias-durante-o-banho-no-leito.htm>
2. Larson EL, Ciliberti T, Chantler C, Abraham J, Lazaro EM, Venturana M, et al. Comparison of traditional and disposable bed baths in critically ill patients. *Am J Crit Care*. 2004 May;13(3):235-41.
3. Taylor C, Lillis C, Lemone P. Fundamentos de enfermagem: a arte e a ciência do cuidado de enfermagem. 5ª ed. Porto Alegre (RS): Artmed; 2007.
4. Figueiredo NMA, Carvalho V, Tyrrell MAR. (Re)lembrando Elvira De Felice: gestos e falas de enfermeiras sobre o banho no leito, uma técnica/tecnologia de enfermagem. *Esc Anna Nery Rev Enferm*. 2006 abr;10(1):18-28.
5. Lima, TC. Revelando o processo de recriação do banho no leito no cenário da terapia intensiva: produto da suscetibilidade da enfermagem em incorporar o conhecimentoêmico a sua práxis [dissertação]. Botucatu (SP): Faculdade de Medicina de Botucatu, Universidade Estadual Paulista; 2008.
6. Maciel SSA, Bocchi SCM. Compreendendo a lacuna entre a prática e a evolução técnico-científica do banho no leito. *Rev Latinoam Enferm*. 2006 mar-abr;14(2):233-42.
7. Nakatani AYK, Souza ACS, Gomes IV, Sousa MM. O banho no leito em unidade de terapia intensiva: uma visão de quem recebe. *Ciênc Cuid Saúde*. 2004 jan-abr;3(1):13-21.
8. Bardin L. Análise de conteúdo. São Paulo (SP): Edições 70; 2011.
9. Waldow VR. Cuidar: expressão humanizadora da enfermagem. Petrópolis (RJ): Vozes; 2006.
10. Collière MF. Cuidar... A primeira arte da vida. 2ª ed. Lisboa (Portugal): Lusociência; 2003.
11. Machado MFAS, Monteiro EMLM, Queiroz DT, Vieira NFC; Barroso MGT. Integralidade, formação de saúde, educação em saúde e as propostas do SUS: uma revisão conceitual. *Ciênc Saúde Coletiva*. 2007 mar-abr;12(2):335-42.
12. Soares RJO, Zeitone RCGZ. O Cuidado e suas dimensões: subsídios para o cuidar de si e de docentes de enfermagem. *Rev Pesqui Cuid Fundam (Online)* [periódico na Internet]. 2012 jan-mar [acesso em 2014 Ago 26];(Ed. Supl.):41-4. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1667/pdf_552
13. Nóbrega SS, Silva LWS. Banho no leito, complexidade ou simplicidade: a óptica do olhar científico. In: Anais do 61º Congresso Brasileiro de Enfermagem [CD-ROM]; 2009 mai 07-10; Fortaleza (CE), Brasil. Fortaleza (CE): ABEN; 2009. p 3702-19.
14. Deslandes SF. Análise do discurso oficial sobre a humanização da assistência hospitalar. *Ciênc Saúde Coletiva*. 2004;9(1):7-14.
15. Ribeiro MILC, Pedrão LJ. Relacionamento interpessoal no nível médio de enfermagem. *Rev Bras Enferm*. 2005 maio-jun;58(3):311-5.
16. Oriá MOB, Moraes LMP, Victor JF. A comunicação como instrumento do enfermeiro para o cuidado emocional do cliente hospitalizado. *Rev Eletrônica Enferm* [periódico na Internet]. 2004 [acesso em 2011 Jul 20];6(2):292-7. Disponível em: <http://www.revistas.ufg.br/index.php/fen/article/view/808/921>.
17. Waldow VR. Reflexões sobre educação em enfermagem: ênfase em um ensino centrado no cuidado. *Mundo Saúde*. 2009;33(2):182-8.
18. Craven RF, Hirnle CJ. Fundamentos de enfermagem: saúde e função humanas. Rio de Janeiro (RJ): Guanabara Koogan; 2006.
19. Barros ALBL, Michel JLM, Lopes RS. Avaliação clínica e técnicas instrumentais para o exame físico. In: Barros ALBL, organizadora. Anamnese e exame físico – avaliação diagnóstica de enfermagem no adulto. 2ª ed. Porto Alegre (RS): Artmed; 2010.
20. Souza ABG, Zavareza LG. Entrevista e exame físico. In: Souza ABG, organizadora. Exame físico no adulto. São Paulo (SP): Martinari; 2009.
21. Bax AMC, Araújo STC. Expressão não verbal do paciente no cuidado: percepção do enfermeiro em unidade cardiointensiva. *Esc Anna Nery Rev Enferm*. 2012 out-dez;16(4):728-33.
22. Pupulim JSL, Sawada NO. O cuidado de enfermagem e a invasão da privacidade do doente: uma questão ético-moral. *Rev Latinoam Enferm*. 2002 maio-jun;10(3):433-8.
23. Oliveira ML, organizador. Código de Ética dos Profissionais de Enfermagem. Goiânia (GO): AB Editora; 2010.
24. Horta WA, Castellanos BEP, colaboradora. Processo de Enfermagem. Rio de Janeiro (RJ): Guanabara Koogan; 2011.

Received on: 04/11/2014

Required for review: No

Approved on: 17/09/2015

Published on: 01/10/2016

Mailing address:

Joana Angélica Andrade Dias
Bahia Southeast State University – UESB
26, Vavá Lomanto Avenue;
Jequiezinho, Jequié (BA), Brazil.
ZIP-code: 45206-510